

Commuter Benefits Program Reimbursement Request

INSTRUCTIONS: Complete the information below for commuter expenses incurred or paid for by you. (For information regarding commuter expenses that can and can not be reimbursed, see your Commuter Benefits Reference Guide). You **must** provide bills, invoices or statements from an independent third party, cancelled checks, parking receipts, used transit passes or other evidence showing that the expenses were incurred or paid.

Social Security Number	Date of Birth (00/00/00)	
Employer		
Last Name	First Name	
Home Address	City State	Zip Code
Davtime Phone Number (Required)	E-mail Address	

Be sure to provide all information requested, date and sign the form, then send it with your supporting documentation via FAX to FBMC at (850) 425-4608 or mail to FBMC, P.O. Box 1800, Tallahassee, Florida 32302-1800.

	TRANSIT/VANPOOL	PARKING
Month Commuter Service was Provided	MONTH YEAR	MONTH YEAR
Description/Service Provider		
Receipt(s) Lost your receipt? See options below.	☐ ATTACHED RECEIPTS ☐ OPTION 1 ☐ OPTION 2	☐ ATTACHED RECEIPTS ☐ OPTION 1 ☐ OPTION 2
Total Expense	\$	\$
Reimbursement Requested	\$	\$

RECEIPT OPTIONS - If you did not receive or have lost your receipt, you may choose:

Option 1 – I did not receive a receipt or other documentation or

Option 2 - I did receive a receipt or other documentation, but it's no longer in my possession. I have not submitted it as proof of my expense for other purposes.

eReceipt— Electronic Receipt (eReceipt) is a paperless way of submitting expenses if you did not receive or have lost your receipt. You may submit an electronic receipt (eReceipt) online at fbmc.wageworks.com. If you submit an eReceipt you do not have to submit this paper claim form.

To the best of my knowledge and belief, my statements in this form are complete and true. I certify all of the following: I used the commuter benefit for which I am requesting reimbursement above only for the purposes of commuting to and from work at my Employer. I have received the services described above on the dates indicated, and the expenses are my out-of-pocket expenses that qualify as valid Transportation Expenses under the Program. I have not been reimbursed previously for these expenses under the Program. These expenses have not been reimbursed or are not reimbursable under any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit, or to claim reimbursement under another plan. I authorize a deduction from my Commuter Benefits Account in the amount of the requested reimbursement.

Employee Signature Date